

NDHA NEWSLETTER - JULY 2021

NDHA believes in helping dental hygienists achieve their full potential as they seek to improve the

public's oral health. We support your goals by helping to ensure access to quality oral health care;

promoting dental hygiene education, licensure, practice and research; and representing your legislative interests at the local, state and federal levels.



A Message from Your President

Jason Brisbin, RDH 2021-22 President

This year, I have the honor of serving our association as both NDHA President and Delegate Chair. As we have recently concluded our business as delegates, I would like to put on my delegate chair hat and update you on some items from our recent house of delegates.

There is a fair amount that I want to update you on, so may want to fill up your coffee cup before reading on.

Every year in June, ADHA hosts its annual conference and, as part of that conference, ADHA convenes a House of Delegates (HOD). The role of the HOD is to review, revise, or create policies and bylaws that govern our national association. Each constituent of ADHA is allotted a portion of the one hundred and fifty delegate positions based on the state membership in proportion to total membership. The Nebraska constituent is allowed three delegates. Each state can also opt to have alternate delegates, who can substitute for delegates if the need arises, of which Nebraska has two. Twelve student delegates are also selected, one for each of the ADHA districts and one of those students is allowed to vote on association business. In the months leading up to summer, any member in good standing can propose policies and bylaws to be considered by the house of delegates. Each state meets individually, then as a district several times prior to the House of Delegates being convened. Our district is District VIII consisting of Nebraska, Illinois, Iowa, Kansas, and Missouri. Over the three days of the HOD, we review and debate as a group, and policies and bylaws are set.

This year was no exception, and there was a lot of business being considered. There was a wide variety of topics being considered. What I would like to discuss today is merely a sampling of the items I consider to be the most important from the 2021 HOD.

When each state signed its constituent charter agreement several years ago, the state of California decided to split from ADHA, and is no longer part of our association. Several attempts have been made to reintegrate California into our association, but ADHA has had little succes. Because California was such a large state, California and Arizona were in a district on their own. This year we considered business to reduce the number of ADHA districts from 12 to 11 and combine Arizona with another district. This would reduce the size of the ADHA Board of Trustees by one member. The house deliberated but ultimately referred this matter back to ADHA for a full report on the ramifications of this change. While no action was taken this year, I expect that this matter will be reconsidered by the House next year.

We also discussed the ADHA ethics committee. Prior to this HOD, ADHA did not have a standing ethics committee. According to the ADHA bylaws, an ethics

committee would be appointed by the ADHA president in the event of an ethics complaint. This year, a bylaws amendment was considered to make the ethics committee a standing committee to be elected by the HOD every year. The concern was that if an ethics complaint was brought against the board, having the president appoint the committee might create conflicts of interest. It was noted that ADHA has not had an ethics complaint in at least the past two decades, and that having a standing committee that does no work may be a poor use of time and leadership resources. It was ultimately decided to keep the ethics committee as by presidential appointment only as needed.

Currently, ADHA uses a nominating committee to screen applicants for national offices. This committee is comprised of the three most recent ADHA Past Presidents and two members at large that are elected by the HOD. There has been a group of delegates that has been unhappy with this process since it was put in place at the 2015 HOD. One concern has been a lack of communication between the nominating committee and leadership development committee, leading to candidates who are deemed unready for a position having little direction on where they need to grow their skills to be ready for the position they are running for. A bylaw was proposed to eliminate the nominating committee. There was considerable discussion on this issue, as there has been for the past several years. It was ultimately decided that a nominating committee is best practice for an organization like ours. It was noted, however, that changes should be made to better link the leadership development and nomination committee. I expect that further bylaws amendments will be presented in 2022 to address any real or perceived shortcomings of how we grow and screen leaders for national office.

Another topic of discussion this year was orofacial myofunctional therapy (OMT). Many dental hygienists elect to further their career by becoming trained and certified in OMT to assess and treat a variety of orofacial dysfunctions. We have reports from OMT practitioners, especially on the east coast, they are in constant conflict with other providers such as speech pathologists on their ability to assess and treat patients for orofacial disorders. Policy was updated this year to indicate that ADHA supports OMT's ability to assess and treat patients independently in a variety of practice settings for patients of all ages. While this has no legal bearing on any state practice act, it was agreed that this policy provides additional support to OMT's as they look to advance and defend their ability to practice.

Lastly, I wanted to discuss is the work done by the inclusion, diversity, equity, and access (IDEA) steering committee. This committee was created this past year to be a deliberate and purposeful way for our organization to improve in those areas that form the name of the committee. This committee presented several recommendations to update policies to better reflect our commitment to these ideals. Much discussion was had by the house on the wording of these policies. Unfortunately, some of the viewpoints brought up by a minority of members shows that we still have a way to go in understanding the importance of the work done by the IDEA committee. Because of our conversations, I wanted to bring up a few important points. First, diversity and inclusion are not the same thing. Diversity is now defined in our glossary as "The traits, characteristics, and backgrounds that make people unique. Inclusion is defined in our glossary as "An environment in which all people feel welcome, safe, and empowered to contribute, influence, and participate. Another way to put it is that diversity is a thing, but inclusion is a deliberate and ongoing action to empower all participants. Second thing I wanted to bring up is equality vs equity. Equality is giving all groups the same resources or opportunities. While it sounds good, not all individuals or groups have the same needs. Equity is the allocation of resources based on individual or group needs intended to achieve equal outcomes. If you are one who needs a visual, I challenge you to do a google image search of equality vs equity. The last item I wanted to bring to you from our discussion was the phrase "I don't see color". When this was mentioned during our discussions, a person of color made the excellent point that this phrase can be very triggering. To say that you don't see color (or any other trait for that matter) is to deny the uniqueness of each individual or group which can make people feel unseen and unheard. It is best to fully recognize that the things that make us different are exactly those things that make us valid as human beings because of, not in spite of, our uniqueness.

These were just a few of the deep conversations we had this year. Year round there is a vast body of work being done by ADHA and our leaders on behalf of our members, our patients, and our communities. I would encourage anybody who is interested in learning more to run for a delegate or alternate position. If you would like more information about what was discussed this year or would like more information on how you can be involved, you can email me at brisbindentalcare@gmail.com. You can also find the entire body of ADHA policies on the ADHA website. I find it easiest to use the search bar and type in "policy manual".

In addition to the work of our delegates, I would like to congratulate Lisa Moravec on a successful term as ADHA President and Erin Haley-Hitz on another successful year as District VIII trustee. It is a testament to the strength of dental hygiene in our state that both of these leaders live and work in Nebraska and are both former NDHA Presidents.



Legislative Committee Update

2021-22 Co-Chairs:

Deb Schardt, RDH, PHRDH Joey Enright, RDH

We are advancing your profession!: The law directs health occupations and professions seeking a change in scope of practice to submit an application for a technical review to the Department of Health and Human Services, Division of Public Health. The legislative committee is currently working on composing an application for technical review advocating for the following:

- Allowance of administration of local anesthesia under general supervision of a dentist or medical doctor
- Addition of Scaling and root planing to the Public Health RDH scope of practice Approval of dental hygiene diagnosis and treatment planning as part of our scope as outlined by CODA for Dental Hygiene Program Accreditation
- Performance of denture adjustment, soft denture reline, and denture placement for licensed hygienists in public health and private practice
- Inclusion of home health as a public health setting
- Authorization of hygienists to utilize teledentistry to deliver care
- Inclusion of hygienists as a resource for vaccine administration, as advocated for by ADHA on a national level
- Elimination of the 1,500 hours for an RDH to sit for the CRDTS clinical exam for restorative functions
- Permittance to placement of hall crowns Sincere thanks to all hygienists involved in collecting and sharing information that supports this advocacy!

Once our application is approved by our executive board, it will be filed with the Director of the Division of Public Health. A technical review committee will then be appointed to analyse the application and make recommendations based on criteria focused around public health, safety, and welfare, and how the proposed changes to our scope would impact Nebraskans. The recommendations of the committee will come in the form of written reports that are submitted to the State Board of Health and the Director of the Division along with any other materials requested by these review bodies. These two review bodies would then formulate their own independent reports on credentialing proposals. All reports that are generated during this process are submitted to the Legislature to assist state senators in their review of proposed legislation pertinent to the credentialing of dental hygienists.

Nebraska Board of Dentistry: The next NBOD meeting will be held July 9th, 2021 at 10:30AM at the Staybridge Hotel in Lincoln Nebraska. The public is welcome to attend any open session discussion. If you would like more information on the NBOD meeting agenda, reach out to Vonda Apking at Vonda. Apking@nebraska.gov. On the agenda for this meeting is to create an Ad Hoc Committee to address the BOD composition. The legislative committee will continue to be a part of this discussion and will update the membership on the latest happenings.

Licensure Updates: As of March 1, 2021, Dental Hygiene licensure has some new requirements for continuing education units. The requirements are as follows: (A) A maximum of 10 hours each in a renewal period may be obtained through home study or for initial cardiopulmonary resuscitation (CPR) certification; (B) A maximum of 2 hours each in a renewal period may be obtained as a table clinician or lecturer or for direct clinical observation; (C) A maximum of 4 hours each in a renewal period may be obtained for cardiopulmonary resuscitation (CPR) re-certification or practice management continuing education; (D) A maximum of 5 hours each in a renewal period may be obtained for faculty overseeing student dental hygiene or expanded function dental hygiene clinics, dental public health continuing education activities, wellbeing or substance abuse continuing education activities or ethics and professionalism continuing education; (E) A minimum of 2 hours in a renewal period must be obtained in infection control continuing education; (F) A minimum of 2 hours in a renewal period must be obtained in each area for which a licensee holds an expanded function permit; (G) A licensee who is a presenter of a continuing education program may receive a maximum of 2 hours for the creation of a presentation, and a maximum of 2 hours for the initial presentation of the program during a renewal period. Credit will not be given to the licensee for subsequent presentations of the same program; or (H) A maximum of 5 hours in a renewal period.

OSHA Coronavirus ETS: Nebraska Infection Control Assessment and Promotion Program (ICAP) is a local resource for no cost, peer-to-peer infection control assessments and recommendations for healthcare and long term care facilities. ICAP is supported by the Nebraska Department of Health and Human Services and is funded by a Center for Disease Control grant. ICAP is hosting a Special Edition Webinar on July 7, 2021 at 12:00pm on the OSHA Coronavirus Emergency Temporary Standard (ETS) that was just released. All healthcare setting types are encouraged to join for an hour with the Nebraska OSHA office. Representatives will be reviewing the ETS standards and answering your

questions during this webinar. Register for the webinar at https://icap.nebraskamed.com/. In June, Nebraska ICAP announced that their first episode of "The Mouthy IP" podcast is available for dental professionals to listen to and learn more about current PPE recommendations. If you would like to submit infection control questions to be featured on future episodes, call 402.552.2431 or email sstream@nebraskamed.com. You can subscribe to the podcast on your preferred platform:

Apple Podcasts: https://podcasts.apple.com/us/podcast/the-mouthy-ip/id1573465413

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Access to Care: A lawsuit filed by Nebraska Appleseed has been paused as lawmakers agree to provide equal benefits to all those who are covered under newly expanded Nebraska Medicaid. Waiver 1115 did not include dental, vision, and over the counter medication coverage for some. The lawsuit alleged that this was unconstitutional and that all qualifying parties should have access to the same benefits. Legal proceedings are paused until October 4th, 2021, at which time all those covered should have equal.



2021 NDHA Corporate Sponsor

We are excited to announce that Summit Dental Health is our first corporate sponsor!!

NDHA's Corporate Sponsorship Program offers companies the opportunity to engage with and support registered dental hygienists across the State of Nebraska. We are excited to offer businesses the opportunity to partner and grow your footprint in Nebraska's dental community.

For more information go to the NDHA webite.

An update from your 2021 Sponsor, Summit Dental Health

As an employee owned company, Summit Dental Health team members are proud to be part of the 10% of Americans that hold equity stakes in our workplace. This allows us to raise the standard of living for our employees and our community. We value sharing abundantly and caring for everyone within our organization and in the communities which we serve through the work we do. Since 2017, Summit Dental Health has partnered with the Open Door Mission and the Siouxland Soup Kitchen in their commitment to feeding the hungry and breaking the cycle of homelessness in Omaha and Sioux City. Summit Dental Health started Community Lemonade Stand Days to encourage the community to host lemonade stands and donate their proceeds to the Open Door Mission and Siouxland Soup Kitchen.

Since the start of Community Lemonade Stand Days, we have raised nearly \$8,000 through our Community Lemonade Stands. Pick up your FREE lemonade stand kit from any Summit Dental Health location in Omaha or Siouxland and host a lemonade stand in the community on July 24. The lemonade stand kits are free, include everything you need to host a stand, and will be available starting July 7. Register your lemonade stand at https://summitdentalhealth.net/lemonade/ and let us help you attract donors through social media exposure!

Please join us and host a lemonade stand and help us give back to the communities we love so much.

Whitney Crist 2nd Delegate/Membership Chair

Greeting NDHA members!

I wanted to give an update on the new Mentor Program NDHA launched this spring. The goal of the program is to match up current dental hygiene students with NDHA members. Mentors can then help guide students through their last year of hygiene school through their first year out as a practicing hygienist.



We currently have 9 mentors and 5 students participating. A Virtual Mentor Program Event was held through Zoom on March 28th, 2021. Highlights of the event included a Panel discussion (students submitted questions for mentors

to answer) and a Breakout room for the mentor/mentee groups to further discuss and exchange information. I wanted to give a big thank you to our Executive Director, John Roberts, for his help in providing marketing material and setting up the Zoom event. My hope is that this program can be mutually beneficial to both the mentors and mentees; students gaining knowledge from an experienced clinician and mentors giving back to the hygiene profession. My goal going forward is to continue to improve the program as well as recruit more students for participation. If you have any comments or ideas, please send them my way: whitneym.crist@gmail.com

NDHA

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